

<i>SERFF Tracking Number:</i>	<i>SCTT-125931730</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PU AR04232NCF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0021 Personal Umbrella and Excess</i>
<i>Product Name:</i>	<i>Personal Umbrella/Excess</i>		
<i>Project Name/Number:</i>	<i>File New Endorsements/PU AR04232NCF01</i>		

Filing at a Glance

Company: National Casualty Company

Product Name: Personal Umbrella/Excess

TOI: 17.0 Other Liability-Occ/Claims Made

Sub-TOI: 17.0021 Personal Umbrella and Excess

Filing Type: Form

SERFF Tr Num: SCTT-125931730

SERFF Status: Closed

Co Tr Num: PU AR04232NCF01

Co Status:

Author: Staci Baxter

Date Submitted: 12/10/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 12/10/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: File New Endorsements

Project Number: PU AR04232NCF01

Reference Organization:

Reference Title:

Filing Status Changed: 12/10/2008

State Status Changed: 12/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

National Casualty Company is submitting two new forms for use with our Personal Umbrella/Excess Liability program. We request an effective date concurrent with your approval.

Please find enclosed endorsement END 0428 (11-08) Personal Excess Liability Policy Named Trust Endorsement and END 0429 (11-08) Excess Personal Umbrella Policy Named Trust Endorsement. The endorsements have been developed to add a Trust and Trustees as insureds to the policy.

SERFF Tracking Number:	SCTT-125931730	State:	Arkansas
Filing Company:	National Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	PU AR04232NCF01		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0021 Personal Umbrella and Excess
Product Name:	Personal Umbrella/Excess		
Project Name/Number:	File New Endorsements/PU AR04232NCF01		

Company and Contact

Filing Contact Information

Staci Baxter, Filings Analyst I	baxters2@scottsdaleins.com
PO Box 4110	(800) 423-7675 [Phone]
Scottsdale, AZ 85259	

Filing Company Information

National Casualty Company	CoCode: 11991	State of Domicile: Wisconsin
PO Box 4110	Group Code: 140	Company Type:
Scottsdale, AZ 85261	Group Name:	State ID Number:
(800) 423-7675 ext. [Phone]	FEIN Number: 38-0865250	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 NCC form filing x \$50 = \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	12/10/2008	24444334

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<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0021 Personal Umbrella and Excess</i>
<i>Product Name:</i>	<i>Personal Umbrella/Excess</i>		
<i>Project Name/Number:</i>	<i>File New Endorsements/PU AR04232NCF01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	12/10/2008	12/10/2008

<i>SERFF Tracking Number:</i>	<i>SCTT-125931730</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>PU AR04232NCF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0021 Personal Umbrella and Excess</i>
<i>Product Name:</i>	<i>Personal Umbrella/Excess</i>		
<i>Project Name/Number:</i>	<i>File New Endorsements/PU AR04232NCF01</i>		

Disposition

Disposition Date: 12/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Effective upon approval.

Rate data does NOT apply to filing.

SERFF Tracking Number:	SCTT-125931730	State:	Arkansas
Filing Company:	National Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	PU AR04232NCF01		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0021 Personal Umbrella and Excess
Product Name:	Personal Umbrella/Excess		
Project Name/Number:	File New Endorsements/PU AR04232NCF01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Personal Excess Liability Policy Named Trust Endorsement	Approved	Yes
Form	Excess Personal Umbrella Policy Named Trust Endorsement	Approved	Yes

SERFF Tracking Number:	SCTT-125931730	State:	Arkansas
Filing Company:	National Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	PU AR04232NCF01		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0021 Personal Umbrella and Excess
Product Name:	Personal Umbrella/Excess		
Project Name/Number:	File New Endorsements/PU AR04232NCF01		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Excess Liability Policy	END 0428	11-08	Endorsement/Amendment/Conditions		0.00	END 0428 11-08.pdf
Approved	Excess Personal Umbrella Policy	END 0429	11-08	Endorsement/Amendment/Conditions		0.00	END 0429 11-08.pdf

National Casualty Company

**ENDORSEMENT
NO.** _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PERSONAL EXCESS LIABILITY POLICY NAMED TRUST ENDORSEMENT

SCHEDULE

Name Of Trust	Name(s) And Address(es) Of Trustee(s) (If other than the "Named Insured" shown in the Declarations or any "relative.")

Paragraph A.1. c. (ii) of the **PERSONS INSURED** provision is replaced by:

- (ii) The Trust or Trustee(s) (if other than the "Named Insured" or any "relative") shown in the Schedule above is an "insured" but only with respect to the legal responsibility because of "bodily injury," "property damage" or "personal injury" arising out of any negligent act(s) or omission(s) of the "Named Insured" or any "relative" while the "Named Insured" or any "relative" is using an "automobile" or "watercraft" covered under this policy.

However with respect to the legal responsibility for any negligent act(s) or omission(s):

- i The Trust is an "insured" only if coverage is provided to that Trust by "underlying insurance" with respect to the legal responsibility for such negligent act(s) or omission(s); and
- ii The Trustee(s) is an "insured" only:
 - (a) If coverage is provided to that Trustee(s) by "underlying insurance" for such negligent act(s) or omission(s); and
 - (b) With respect to his or her duties as a Trustee.

The Trust or Trustee(s) shown in the Schedule above is added as an "insured" to paragraph A. of the **PERSONS INSURED** provision as follows:

"Insured" means the trust or trustee(s) (if other than the "Named Insured" or any "relative") shown in the Schedule above but only with respect to:

1. The legal responsibility because of "bodily injury," "property damage" or "personal injury" arising out of any negligent act(s) or omission(s) of the "Named Insured" or any "relative" to which this policy applies;
2. "Bodily injury" or "property damage" arising from the ownership, maintenance or use of:

- a. The Location of Coverage shown in the Declarations; or
 - b. Any part of any other location owned by or rented to the Trust, Trustee(s) or any other "insured" to the extent that personal liability coverage with respect to such location is provided by "underlying insurance" at the time of the "occurrence."
3. However, for any "occurrence" or offense:
- a. The Trust is an "insured" only if coverage is provided to that Trust by "underlying insurance" for such "occurrence" or offense; and
 - b. The Trustee(s) is an "insured" only:
 - (1) If coverage is provided to that Trustee(s) by "underlying insurance" for such "occurrence" or offense; and
 - (2) With respect to his or her duties as a Trustee.

The following are added to the **EXCLUSIONS** section of the policy:

This policy does not apply under Coverage A to:

- a. "Bodily injury" or "personal injury" to:
 - 1. The "Named Insured";
 - 2. Any "relative"; or
 - 3. The Trustee(s) shown in the Schedule of this endorsement.

This exclusion also applies to any claim made or suit brought:

- (a) To repay; or
- (b) Share damages with

another person who may be obligated to pay damages because of "bodily injury" or "personal injury" to the "Named Insured," "relative" or the Trustee(s) shown in the Schedule of this endorsement.

- b. Any resident of the household of the Trustee(s) shown in the Schedule of this endorsement.

The following is added to paragraph L. Cancellation of the **CONDITIONS** section:

If this policy is canceled by the Company, written notice will also be mailed to the Trustee(s) shown in the Schedule of this endorsement. Delivery of such written notice by the Company shall be equivalent of mailing.

All other terms and conditions remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCESS PERSONAL UMBRELLA POLICY NAMED TRUST ENDORSEMENT

SCHEDULE

Name Of Trust	Name(s) And Address(es) Of Trustee(s) (If other than the Named Insured shown in the Declarations or any resident of the Named In- sured's household defined in the "Designated Underlying Personal Umbrella Policy.")

The Trust or Trustee(s) shown in the Schedule above is added as an insured as follows:

1. The Trust or Trustee(s) (if other than the Named Insured shown in the Declarations or any resident of the Named Insured's household defined in the "Designated Underlying Personal Umbrella Policy") shown in the Schedule above is an insured but only with respect to the legal responsibility because of Personal Injury or Bodily Injury and Property Damage arising out of any negligent act(s) or omission(s) of the Named Insured or any resident of the Named Insured's household defined by the "Designated Underlying Personal Umbrella Policy" while the Named Insured or any resident of the Named Insured's household defined by the "Designated Underlying Personal Umbrella Policy" is using an automobile or watercraft covered under this policy.

However with respect to the legal responsibility for any negligent act(s) or omission(s):

- a. The Trust is an insured only if coverage is provided to that Trust by the "Designated Underlying Personal Umbrella Policy" with respect to the legal responsibility for such negligent act(s) or omission(s); and
- b. The Trustee(s) is an insured only:
 - (1) If coverage is provided to that Trustee(s) by the "Designated Underlying Personal Umbrella Policy" for such negligent act(s) or omission(s); and
 - (2) With respect to his or her duties as a Trustee.
2. The Trust or Trustee(s) (if other than the Named Insured or any resident of the Named Insured's household defined in the "Designated Underlying Personal Umbrella Policy") shown in the Schedule above but only with respect to:
 - a. The legal responsibility because of Personal Injury or Bodily Injury and Property Damage arising out of any negligent act(s) or omission(s) of the Named Insured or any resident of the

Named Insured's household as defined in the "Designated Underlying Personal Umbrella Policy" to which this policy applies; and

- b. Personal Injury or Bodily Injury and Property Damage arising from the ownership, maintenance or use of:

- (1) The Location of Coverage shown in the Declarations; or

- (2) Any part of any other location owned by or rented to the Trust, Trustee(s) or any other insured to the extent that personal liability coverage with respect to such location is provided by the "Designated Underlying Personal Umbrella Policy" at the time of the occurrence.

- 3. However, for any occurrence or offense:

- a. The Trust is an insured only if coverage is provided to that Trust by "Designated Underlying Personal Umbrella Policy" for such occurrence or offense; and

- b. The Trustee(s) is an insured only:

- (1) If coverage is provided to that Trustee(s) by the "Designated Underlying Personal Umbrella Policy" for such occurrence or offense; and

- (2) With respect to his or her duties as a Trustee.

The following exclusions are added to the **EXCLUSIONS** section of the policy:

In addition to the exclusions contained in the Underlying Personal Umbrella Insurance, this policy does not apply to:

Personal Injury or Bodily Injury to:

- 1. The Named Insured;
- 2. Any resident of the Named Insured's household as defined by the "Designated Underlying Personal Umbrella Policy;" or
- 3. The Trustee(s) shown in the Schedule of this endorsement; or

This exclusion also applies to any claim made or suit brought:

- a. To repay; or
- b. Share damages with

another person who may be obligated to pay damages because of Personal Injury or Bodily Injury to the Named Insured or any resident of the Named Insured's household or the Trustee(s) shown in the Schedule of this endorsement.

Any resident of the household of the Trustee(s) shown in the Schedule of this endorsement.

The following is added to paragraph **2. Cancellation** of the **CONDITIONS** section:

If this policy is canceled by the Company, written notice will also be mailed to the Trustee(s) shown in the Schedule of this endorsement. Delivery of such written notice by the Company shall be equivalent of mailing.

All other terms and conditions remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

<i>SERFF Tracking Number:</i>	<i>SCTT-125931730</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>PU AR04232NCF01</i>		
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/10/2008
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Comments:

Attachment:

ar 4232 pctd ncc.pdf

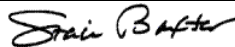
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Nationwide			Group NAIC #	140
4. Company Name(s)	Domicile	NAIC #	FEIN #		
National Casualty Company	WI	11991	38-0865250		

5. Company Tracking Number	PU AR04232NCF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Staci Baxter PO Box 4110 Scottsdale, AZ 85261-4110	State Filing Analyst	800-423-7675 x 3046	480-368-5820	Baxters2@scottsdaleins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Staci Baxter		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0021 Personal Umbrella and Excess
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Personal Umbrella/Excess
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On Approval Renewal: On Approval

Property & Casualty Transmittal Document—

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	December 10, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	PU AR04232NCF01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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National Casualty Company is submitting two new forms for use with our Personal Umbrella/Excess Liability program. We request an effective date concurrent with your approval.

Please find enclosed endorsement END 0428 (11-08) Personal Excess Liability Policy Named Trust Endorsement and END 0429 (11-08) Excess Personal Umbrella Policy Named Trust Endorsement. The endorsements have been developed to add a Trust and Trustees as insureds to the policy.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="115 1213 373 1293"> <p>Check #: EFT</p> <p>Amount: \$50.00</p> </div>	
<p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)